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ISSUE CLASSIFICATION	
Class	Subclass

PATENT NUMBER

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U.S. UTILITY Patent Application

O.I.P.E.	PATENT DATE
SCANNED <i>hsp</i> <i>Ac 2</i> Q.A. <i>LA</i>	

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/827490	D	424		4653	1703

APPLICANTS

TITLE

1990-1991
Vera
Davis

Chlamydial antigenic vaccines

ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____	_____ (Primary Examiner) (Date)		ISSUE FEE	
			Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		ISSUE BATCH NUMBER	

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